FORM (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2008

Change in Company's premium or rate level produced by rate revision effective

01/01/2008.

SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**_
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		<u> </u>
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		40/
15.	Other Workers' Compensation	732,922	4%
	Life of Insurance		
	Does filing only apply to certain territo specify. No.	ry (territories) or certain	Classes? If so,
	Brief description of filing. (If filing folloorganization): Adopting NCCI Januar		Organization, specify
	usted to reflect all prior rate changes. nange in Company's premium level which	will result from applicat	ion of new rates.
		ACIG Insurance Co	mpany

Name of Company

<u>Courtney Howerton - Underwriting Operations Manager</u> Official - Title

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5.	Glass DIVISION OF INCURAN		
6.	Fidelity DIVISION OF INSURAN STATE OF ILLINOIS/IDEPE	<u>CE</u>	
7.	Surety		
8.	Boiler and Machinery JAN 0 1 2008		
9.	Fire JAN V 1 2000		
10.	Extended Coverage		
11.	Inland Marine SPRINGFIELD, ILLINO	IS	
12.	Homeowners		
13.	Commercial Multi-Peril		
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15.	Other Workers' Compensation	732,922	4%
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	Does filing only apply to certain territo	ry (territories) or certain	Classes? If so,
	specify. No.		
			• · · · · · · · · · · · · · · · · · · ·
	Brief description of filing. (If filing follo	ws rates of an advisory	Organization, specify
	organization): Adopting NCCI Januar	y 1, 2008 rates.	
* \ \ \ \	usted to reflect all prior rate changes.		
**C	nange in Company's premium level which	will result from applicat	tion of new rates.
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		ACIG Insurance Co	ompany
	***	Name of Comp	
	Courtne	./ Howerton - Underwritir	ng Operations Manager
	Courtie		ng Oporations Manager

SUMMARY SHEET

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12. Homeowners 13. Commercial Multi-Peril	
13. Commercial Multi-Peril	
14. Crop Hail	
15. Other Workers Comp \$953,715 -2.3% - exact	\$953,715 -2.3% - exact
Line of Insurance	
Does filing only apply to certain territory (territories) or certain classes? If so, specify: na	(territories) or certain classes? If so specify

All America Ins Co

Name of Company

(Mrs.) Petrise Meyer Sr Rates and Forms Analyst Official - Title

Change in Company's premium level which will

result from application of new rates.

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